## Health Care Provider Stabilization Grant Program<sup>1</sup>

## Application Readiness & Documentation Upload Guide

Before you get started with the application, you will want to have the following information prepared:

- 1. Vermont employer identification number (7-digit number used for Vermont Department of Labor filings). Providing this number is not required but helps populate some of the application required fields.
- 2. Federal Employer Identification Number (FEIN).
- 3. Contact information for the individual responsible for the application.

You will also need the information below and a Portable Document Format (PDF) for uploading:

Document Uploads	Descri	ption (all documents	must be in pdf forr	mat)	
W-9	<ul> <li>Form used in the United States income tax system by a third party who must file an information return with the Internal Revenue Service. It requests the name, address, and taxpayer identification information of a taxpayer.</li> </ul>				
All payer revenue	•	Income statements, month by month for 2019 and 2020 (January 1 through June 15th), broken down by payer for claims-based revenue and by type for other non-claims revenues/other operational revenues.  Example			
			Jan 2019	Feb 2019	Dec 2019
		Medicaid			
		Medicare			
		Please refer to the Re on this topic.			
Gross Staff Wages	•	<ul> <li>Employer Paid Wages and Benefits, for 2019 (total), and separately for March 2020, April 2020, and May 2020, June 2020</li> </ul>			
<b>Total Operating Expenses</b>	•	<ul> <li>Total Operating Expenses (including gross staff wages) from accounting software, month by month for 2019 and for each month through June 2020.</li> </ul>			
Federally reimbursable COVID-19-specific Expenses	<ul> <li>See next page Minimum Upload Requirements: Expenses for more details. You can also refer to the Expenditures Guide and or the FAQ for more information on this topic.</li> </ul>				
Vermont- Expanded Reimbursable Coverage COVID-19-specific Expenses	<ul> <li>See next page Minimum Upload Requirements: Expenses for more details. You can also refer to the <u>Expenditures Guide</u> and or the <u>FAQ</u> for more information on this topic.</li> </ul>				
Other Eligible COVID-19- specific Eligible Expenses	•	See next page <i>Minimu</i> also refer to the <u>Expe</u> topic.	· ·	•	

<sup>&</sup>lt;sup>1</sup> Version Two. July 26, 2020

Tax Returns	<ul> <li>2019 Federal Tax Returns and 2019 State Tax Returns. Nonprofit organizations do not need to supply state tax returns but will need to provide their Federal Form 990 or Form 990-EZ.</li> <li>If you received an extension from the July 15<sup>th</sup> filing deadline, you may upload your most recent tax returns in lieu of the 2019.</li> </ul>
NPIs and/or Medicaid Billing Provider IDs (or Peer Support & Program pre-approval form)	<ul> <li>A list of all National Provider IDs<sup>2</sup> and/or Medicaid Billing Provider IDs for which you are applying.</li> <li>For pre-approved Peer Support &amp; Program providers, you will upload your <u>Peer Support and Program Pre-approval Certification</u> sheet in this upload requirement.</li> </ul>
Other	<ul> <li>Open slot for you to upload any other important information that you believe AHS would need to know to accurately assess your COVID-19 impact.</li> </ul>
Other	<ul> <li>Open slot for you to upload any other important information that you believe AHS would need to know to accurately assess your COVID-19 impact.</li> </ul>

## Minimum Upload Requirements: Expenses

AHS has developed standards for determining the minimum upload requirements for expenses. Please note that AHS reserves the right to request additional information if the uploads do not sufficiently validate the requests. Failure to substantiate expenses may result in the reduction of your grant award amount to those expenses validated by your documentation.

Federally reimbursable COVID-19-specific Expenses



Vermont-Expanded Reimbursable Coverage COVID-19-specific Expenses

Other Eligible COVID-19-specific Eligible Expenses



**Total Expenses Requested** 

If your Total Expenses Requested are:	Your Minimum Upload Requirements are:	
\$0 – \$24,999	<ul> <li>General ledger</li> <li>No invoices and receipts required for upload, but entity will be required to produce supporting documentation (such as bank statements, credit card receipts, etc.) if the amount of expenses requested exceeds the normal range for your provider type and size.</li> </ul>	
\$25,000 - \$131,099	<ul> <li>General ledger</li> <li>No invoices and receipts required for upload, but entity will be required to produce all invoices and receipts upon audit if the amount of expenses requested exceeds the normal range for your provider type and size.</li> </ul>	
\$131,100 or greater	<ul><li>General ledger</li><li>All invoices and receipts required with application submission.</li></ul>	

This grant is funded with Federal dollars and is subject to the requirements of Single Audit found at 2 CFR § 200 Subpart F. You can also refer to the <a href="Expenditures Guide"><u>Expenditures Guide</u></a> and or the <a href="FAQ">FAQ</a> for more information on this topic.

<sup>&</sup>lt;sup>2</sup> If you are unsure of your NPI, you can find it here: <a href="https://npidb.org/">https://npidb.org/</a>